

EDITORIAL

Welcome Forty First

THE UNIFICATION of the California Medical Association and the California Osteopathic Association is now a reality. What has been a program and a series of steps for the past two years has now been achieved and the two have become one.

There remains the formality of securing public approval of the ballot proposition to set the future duties of state boards but, regardless of the outcome of that proposition at the polls, the two professions have effectively combined.

Formal steps were taken last month to issue a charter to the Forty First Medical Society as a component unit of the California Medical Association. The society has reported its membership to the C.M.A., has paid the dues of its members and has thus enrolled them as members of the medical fraternity of the state and the nation.

The Forty First Medical Society is statewide in area. It was formed to provide a professional association for those coming anew into the C.M.A., an organization similar to the 40 existing county societies. Its members are those who have now embraced the M.D. degree and have applied for and been elected to membership.

As a component of the California Medical Association, the Forty First has all the rights and privileges of any other medical society in the state. For example, it will have representation on the Council of the Association and in the House of Delegates. In each instance this representation will be based on the society's membership.

From the membership now reported, the Forty First Medical Society will be entitled to two members of the Council. The society has already selected Doctors Joseph Cosentino and Forest J. Grunigen for these posts and the Council has acted to appoint them as members of the Council until the time of the next annual session. At that time the members of the House of Delegates from the Forty First will elect their district councilors as all other districts do.

In the House of Delegates the Forty First Medical Society will be entitled to 40 Delegates and a like number of Alternates. These will be men of their own choice, as is true with all other component societies.

When the California College of Medicine conferred the M.D. degree on a large class of applicants in July, the C.M.A. was pleased to hold a series of orientation meetings at which these points were made plain. The structure of organized medicine was outlined and a discussion of the commissions and committees of the Association, their composition, selection of members and responsibilities was outlined for these potential new members.

Today these new diplomates are members of the C.M.A. and the A.M.A. and it is likely they have a better grasp of the organization and operations of the C.M.A. than do many of the older members. They have the rights and privileges and duties that go with membership in this democratically operated organization.

It is fitting here to express a broad welcome to the 1,900 new members coming into the C.M.A. from the Forty First Medical Society. The same welcome applies to the society as a component unit of the Association and to its officers and governing members who conduct its affairs.

"Yes" on 22

IN A SHORT TIME members of the Association and members of the general public will see evidence that a YES vote is being requested on Proposition 22 on the November ballot: Newspapers, radio stations, television stations, pamphlets, automobile bumper strips, tent cards in physicians' offices will ask and ask again for an affirmative vote.

Proposition 22 was placed on the November general election ballot by action of the State Legisla-

ture. Its terms tie in with a series of measures passed by the Legislature and approved by the Governor, all designed to create an orderly unification of the medical and osteopathic professions in the state.

While the unification program has progressed smoothly to date, and while it will remain in effect regardless of the vote on 22, a YES vote on this measure is a must if professional and public confusion are to be eliminated.

This proposition provides that the jurisdiction over those physicians who have now received the M.D. degree and have elected to practice under this discipline shall be transferred to the State Board of Medical Examiners. It further provides that the present Board of Osteopathic Examiners shall have no future right to issue physician-and-surgeon licenses in California by reciprocity or by an initial examination.

The osteopathic board would retain the right to supervise those osteopathic licentiates who have elected to retain the use of the D.O. degree, until such time as the total number of those remaining is decreased to 40. The board would then turn over its

final records to the Board of Medical Examiners and go out of business.

This proposition has already been endorsed by both gubernatorial candidates, by both professional associations, by labor and by a large number of civic organizations which have seen the wisdom of maintaining in California only one high standard of medical care. With the endorsements already issued it would appear that there should be no question about getting a YES vote.

On the other hand, there is opposition to this proposal, centering principally in another state where a national organization of osteopaths maintains headquarters. The opposition appears to center its position on the claim of "monopoly." The claim is false; no one is denied access to the kind of medical care he wishes to have and no one is excluded from practice by Proposition 22.

Every physician should know that this ballot proposition is good, is needed for completion of the unification program and is designed to provide the public with whatever is best in medical care. Every physician should work for the passage of this measure and should use his good offices in soliciting votes for it.

Chloramphenicol

SINCE ITS INTRODUCTION in 1948, chloramphenicol has been used clinically with excellent success as a wide-spectrum antibiotic. Annoying side effects such as gastrointestinal intolerance and skin rashes have been virtually absent. However, by 1950 it became evident that it could cause serious and fatal abnormalities in the blood, and the Council on Pharmacy and Chemistry of the American Medical Association in 1954 advised that its use be restricted to the treatment of typhoid fever and other serious infectious diseases caused by chloramphenicol-sensitive microorganisms that are resistant to other antibiotics or to other forms of therapy. Nevertheless, the common use of the drug continued, and fatality sometimes followed. Considering the amount of drug prescribed (net sales in 1959 exceeded \$70 million) the incidence of reported aplastic anemia is low.

On the other hand, several recent studies using sensitive hematologic means have indicated that reversible erythroid depression occurs quite frequently in patients receiving chloramphenicol.^{2,4} It has been shown that before anemia develops there is a fall in reticulocytes, a rise in serum iron with a decrease in unsaturated iron-binding capacity, a de-

creased rate of radioiron disappearance from the plasma and a delay in radioiron appearance in new red cells. In the bone marrow, vacuoles appear in the cytoplasm and nuclei of primitive erythroblasts and the number of erythroblasts is decidedly reduced. In one series these changes were found in 16 out of 35 patients whose bone marrow was examined carefully.⁴ In each patient blood and marrow reverted to normal after the drug was discontinued. Transient decreases in numbers of white cells and platelets occurred in most of these patients. In another series when chloramphenicol dosage was reduced but not discontinued, serum iron levels returned to normal from previous elevation and bone marrow abnormalities disappeared.⁵

Reversible depression of erythropoiesis following the use of chloramphenicol cannot be considered a side reaction; it must be recognized as a pharmacological effect. It is more likely to occur in patients with high levels of chloramphenicol in the blood¹ and in patients with anemia or liver disease. At first it was thought that the nitrobenzene moiety of the chloramphenicol molecule was the cause of the marrow depression. However, when the suspected nitro group was replaced by a methyl sulfone group the incidence of marrow depression actually increased, demonstrating that the nitrobenzene part is not primarily responsible.³

¹This editorial written for CALIFORNIA MEDICINE at the request of the editor.